

# *SITE Protocol*

***Agency Name:***

***Site Name:***

***Site Address:***

***Team #:***

***Observation Period:***

***Observation Type:***

General routines/activities/interactions

General routine – attentive to service/support implementation

Mealtime (at least 1 meal)

***Agency ID:***

***OC #:***

***Visit Date:***

***Surveyor:***

***Surveyor:***

***Surveyor:***

***Individual:***

***Individual:***

***Individual:***

***NO Individual***

## INFORMATION GATHERING ENTRANCE CONFERENCE

DISCUSSION TOPICS: The following topics were discussed in entrance and/or with site staff				
<i>SECTION</i>	Discussed	Not Discussed	COMMENT if 'Not'	Notes
FACILITY STAFF INFORMED OF PURPOSE OF VISIT				
<b><i>SITE DEMOGRAPHICS REVIEWED:</i></b>				
New admissions				
Individuals in respite on site				
Individuals visiting, not admitted				
Individuals absent during visit				
<b><i>STAFFING:</i></b>				
Staff on duty during visit: # and names				
Minimum staffing on each shift				

<b>SECTION</b>	<b>Discussed</b>	<b>Not Discussed</b>	<b>COMMENT if 'Not'</b>	<b>Notes</b>
Staff Vacancies				
New staff				
<b>TIME-OUT ROOMS</b>				
Time-Out room on site				
<b>OTHER SIGNIFICANT EVENTS</b>				
Theft of Individuals' money or property				
Fires on Site				
Individuals refusing evacuation drills				
Any fire safety equipment currently broken/inoperable				
Complaints received regarding the site/services				
Community Activities planned during visit				

<b>SECTION</b>	<b>Discussed</b>	<b>Not Discussed</b>	<b>COMMENT if 'Not'</b>	<b>Notes</b>
In-site activities planned during visit				
Jobs/Job Contracts individuals are working on				
<b>SPECIALIZED SUPPORT NEEDS</b>				
<b><i>SUPERVISION:</i></b>				
Individuals requiring 1:1 supervision level				
Individuals requiring line of sight supervision				
<b><i>BEHAVIOR SUPPORTS and general discussion of elements below:</i></b>				
Individuals with Behavior Support and/or Medication Monitoring Plans				
Individuals with rights limitations or restrictions in place				
Individuals with SCIP or Promote physical interventions in place and general description of use				
Individuals who use Time Out Room				

<b>SECTION</b>	<b>Discussed</b>	<b>Not Discussed</b>	<b>COMMENT if 'Not'</b>	<b>Notes</b>
Individuals using Mechanical Restraints for behavior and general description of use				
Individuals receiving Medication as a behavior support				
<b><i>HEALTH NEEDS and general overview of the issues discussed:</i></b>				
Individuals hospitalized in the past 3 months				
Oxygen used or administered on site and who				
Individuals have decubiti/breakdown now or in the past 12 months				
Individuals with diagnosis of diabetes				
Individuals requiring fluid tracking, a restriction in fluid intake or assurance of minimum intake				
Anyone currently showing sign/symptoms of illness				

<b>SECTION</b>	<b>Discussed</b>	<b>Not Discussed</b>	<b>COMMENT if 'Not'</b>	<b>Notes</b>
Any Individuals with: <ul style="list-style-type: none"> <li>• Constipation history</li> <li>• Bowel impaction history</li> <li>• Required bowel tracking</li> <li>• Bowel Management Plan</li> </ul>				
<b><i>DINING SUPPORTS and general overview of the issues discussed:</i></b>				
Altered consistency diets or dietary administration required by individuals (anything not “whole”, includes tube feeding)				
Specialized diets required by individuals (other than consistency needs)				
Supports and supervision required by individuals while eating				
Any choking episodes in the past year; and anyone with choking history.				

**Documents requested: The following documents MUST be requested as appropriate to the site/program type and conditions at the site**

	YES	NO	N/A	received within 4 hours	received after 4 hours	did not receive	Comment
Site Plan of Protection							
Staff Schedule							
Communication Log/Book/File							
<b>Documents related to Individuals Services and Supports:</b>							
Service Plan							
IPOP and/or other safeguard documentation							
Health Care Plans and Documents							
Behavior Support and Interventions							
Rights Restrictions & Required Documentation							
Treatment/Program/Goal/Habilitation Plans							
Evacuation Plan							
Evacuation Drills							
Fire Safety Equipment Maintenance Documents							
Fire Safety Staff Training Records							
Money/Personal Allowance Ledgers and Supporting Documentation							
Medication administration records							

**Remediation Verification:**

Validate that deficiencies cited at previous visit are corrected specifically and systemically

Previous Deficiencies	YES	NO	Comment
Yes - Deficiencies were reviewed for correction			
No - No unverified corrections			
No - No Deficiencies			
No - Did not review (requires comment)			



# SECTION 1

## HEIGHTENED SCRUTINY TRIGGERS

### *Characteristics Of Site*

<b>Qualifier Question:</b> Has there been change in condition or location of the program requiring reassessment of Heightened Scrutiny?  <b>If Yes – answer questions 1-6    If No – go to Section 2</b>	<b>Yes</b>	<b>No</b>	
1-1 The site is in a location <u>other than</u> on the grounds of a public institution.	Met	Not Met	
Notes:			
1-2 The site is in a building separate from a publically or privately operated facility that provides inpatient institutional treatment.	Met	Not Met	
Notes:			
1-3 The site is in a location other than immediately adjacent to a public institution.	Met	Not Met	
Notes:			

1-4 The home meets the following description: It did not convert from an ICF on or after March 17, 2014.	Met	Not Met	
Notes:			
1-5 The site is located apart from other certified facilities. <i>It is not part of co-located and/or clustered programs/sites that are operationally related resulting in the isolation from and/or inhibition of 1-5 interaction with the broader community.</i>	Met	Not Met	
Notes:			
1-6 The site's design, appearance and location is not institutional and does not isolate people from the broader community.	Met	Not Met	
Notes:			

## SECTION 2 HEALTH SUPPORT & MEDICATIONS

2-1 There is a written plan for how the facility will deal with life-threatening emergencies.	Met	Not Met	
Notes:			
2-2 Staff working know actions to take in the event of a medical emergency.	Met	Not Met	
Notes:			
<b>Qualifier Question:</b> The Day Service site provides nursing and/or delegated nursing services such as medication administration.  <b>If Yes, answer 2a-1 through 2a-11</b> <b>If No, go to Section 3</b>	YES	NO	
2a-1 There is Registered Nurse on site or immediately available to staff rendering professional nursing services.	Met	Not Met	
Notes:			

2a-2 DSP staff know how to contact the RN using the site/agency mechanism.	Met	Not Met	
Notes:			
2a-3 Only a currently certified Direct Support Staff AMAP, LPN, RN, NP, PA or MD administers medications and/or prescribed treatments to individuals.	Met	Not Met	
Notes:			
2a-4 Individual's medications and treatments have been correctly administered per physicians' orders and his/her needs.	Met	Not Met	
Notes:			
2a-5 Medication Administration Records (MARs) are legible, <u>correctly identify</u> the current physician's orders/prescriptions and required documentation of administration.	Met	Not Met	
Notes:			
2a-6 Information regarding each medication and prescribed treatment the individuals receive is available and accessible to staff in a form/format acceptable to OPWDD.	Met	Not Met	
Notes:			

2a-7 Medications and treatments are stored securely as required, including the security of keys or codes to access medications.	Met	Not Met	
Notes:			
2a-8 Medication that is discontinued or outdated is not retained at the site.	Met	Not Met	
Notes:			
2a-9 Used needles and syringes are dispose in puncture resistant containers.	Met	Not Met	
Notes:			
2a-10 The site ensures that individuals access professional health care services per their needs, physician recommendation and informed choice.	Met	Not Met	
Notes:			
2a-11 The site ensures that in-home, routine support/care necessary for individuals' health needs is provided per their service plan.	Met	Not Met	
Notes:			

## SECTION 3 PERSONAL FUNDS

3-1 Personal Allowance money is consistently available to individuals for routine expenditures and recreational activities.	Met	Not Met	
Notes:			
<b>QUALIFIER QUESTION:</b> Is any portion of the individuals personal funds held or managed by the site? <ul style="list-style-type: none"> <li>• <b>If Yes, answer questions 3a-1 to 3a-9</b></li> <li>• <b>If No, go to Section 4</b></li> </ul>	Yes	No	
3a-1 An Individual's cash on hand funds do not exceed the monthly congregate level 3 amount + \$20.	Met	Not Met	
Notes:			
3a-2 Personal funds held by the site are secured and safeguarded, accessible only to authorized employees.	Met	Not Met	
Notes:			
3a-3 There are ledger cards for the accounting of individuals' personal allowance.	Met	Not Met	
Notes:			

3a-4 The ledger(s) clearly documents receipt of funds on site.	Met	Not Met	
Notes:			
3a-5 The ledger(s) clearly document disbursement of funds including their purpose for the individual.	Met	Not Met	
Notes:			
3a-6 The ledger(s) accurately reflect the individual's total fund amount available in the site.	Met	Not Met	
Notes:			
3a-7 Personal allowance funds are not used for items or expenses for which the agency is responsible.	Met	Not Met	
Notes:			
3a-8 Receipts required (by regulation) for items or services purchased, reconcile with ledger entries.	Met	Not Met	
Notes:			

3a-9 Individuals are reimbursed for any loss of money maintained at the site.	Met	Not Met	
Notes:			

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**SECTION 4**  
**General Operations for:**  
**Individualized Choice, Autonomy & Satisfaction**

4-1 Sufficient transportation is available and facilitated to support individualized choices of activities and schedules.	Met	Not Met	
Notes:			
4-2 The staff scheduling and general operations are sufficient and responsive to support each individual's participation in individualized and personally meaningful community activities.	Met	Not Met	
Notes:			
4-3 The site has a mechanism to assess individuals' satisfaction with the service environment.	Met	Not Met	
Notes:			
4-4 The home has a mechanism to assess living arrangement choice.	Met	Not Met	
Notes:			

4-5 The home has mechanism to assess roommate choice and satisfaction.	Met	Not Met	
Notes:			
4-6 The program takes timely action to address individuals' dissatisfaction with living and/or service environment.	Met	Not Met	
Notes:			
4-7 The home has a mechanism to offer individuals keys to enter their home (or other mechanism to enter their home independently).	Met	Not Met	
Notes:			
4-8 The home has a mechanism to offer individuals keys to their bedrooms (or other mechanism to secure their bedroom independently).	Met	Not Met	
Notes:			
4-9 The home takes timely action to provide requesting Individuals with independent access to their home and/or bedroom.	Met	Not Met	
Notes:			

4-10 Individuals' schedules and routines are personally determined per their needs, interests and preferences (rather than per the staff or agency operations).	Met	Not Met	
Notes:			
4-11 Individuals <u>are observed</u> to engage in activities that are meaningful to them.	Met	Not Met	
Notes:			
4-12 Individuals are encouraged and invited to participate in the routine of their own home. (e.g. cooking, menu planning, routine chores, etc.)	Met	Not Met	
Notes:			
4-13 Individuals are encouraged and supported to have full access to the broader community.	Met	Not Met	
Notes:			
4-14 Individuals' cultural, religious, and lifestyle backgrounds and choices are supported by staff.	Met	Not Met	
Notes:			

4-15 Individuals are supported by staff to exercise control and choice in their own lives.	Met	Not Met	
Notes:			

**SECTION 5  
DELIVERY OF SAFEGUARDS, SERVICES, SUPPORTS**

5-1 Staff can describe/know the Individuals' supervision needs.	Met	Not Met	
Notes:			
5-2 Individuals receive their meal/food in the form and consistency required by their plan, according to their needs and per OPWDD Choking Prevention Initiative (CPI) specifications.	Met	Not Met	N/A
Notes:			
5-3 Individuals receive support while eating in accordance with their <u>assessed and observed</u> needs.	Met	Not Met	
Notes:			
5-4 Individuals receive support for mobility in accordance with observed needs.	Met	Not Met	
Notes:			

5-5 Individuals receive appropriate support and supervision based on <u>other</u> observed needs for support.	Met	Not Met	
Notes:			
5-6 There are adequate staff scheduled, present and on-duty to meet the observed needs of individuals.	Met	Not Met	
Notes:			
5-7 The facility has a communication system and staff are aware of policies for the following: (i) prompt contacting of on-duty personnel and (ii) Prompt contacting of other responsible personnel in emergencies.	Met	Not Met	
Notes:			

**SECTION 6  
RIGHTS and PROTECTIONS**

6-1 Observed and reported interactions and communications with individuals, both verbal and nonverbal, are respectful.	Met	Not Met	
Notes:			
6-2 The site is absent of generally applied rules, policies, or procedures that limit people’s rights, independence, choice and autonomy.	Met	Not Met	
Notes:			
6-3 Individuals are permitted by the program to engage in any legal activities per their interests.	Met	Not Met	
Notes:			
6-4 Individuals have full access to the typical facilities in the site.	Met	Not Met	
Notes:			

6-5 Individuals' health and other protected information is kept private/protected.	Met	Not Met	
Notes:			
6-6 People have privacy in their living quarters as appropriate to the situation.	Met	Not Met	
Notes:			
6-7 People have access to food at any time.	Met	Not Met	
Notes:			
6-8 People can choose to eat meals where/when desired.	Met	Not Met	
Notes:			



6-9 Events that meet the definition of reportable incident or notable occurrence have been reported.	Met	Not Met	N/A
Notes:			
6-10 Events and situations as defined in Part 625 that are required to be reported have been reported to OPWDD.	Met	Not Met	N/A
Notes:			
6-11 Immediate care and treatment identified was provided to the individual involved in the incident.	Met	Not Met	N/A
Notes:			
6-12 Initial measures to <b>protect individuals</b> receiving services from harm and abuse, were implemented immediately.	Met	Not Met	N/A
Notes:			
6-13 Investigations of Reportable Incidents and Notable Occurrences are thorough and documented.	Met	Not Met	N/A
Notes:			

6-14 Measures identified to <b>prevent future</b> similar events were <u>planned and implemented</u> .	Met	Not Met	N/A
Notes:			
6-15 Corrective Actions reported to OPWDD and the Justice Center in response to <b>Reportable Incidents of Abuse and/or Neglect</b> were implemented.	Met	Not Met	
Notes:			
6-16 Part 625 events and actions reported in IRMA regarding recommendations, were implemented as reported.	Met	Not Met	N/A
Notes:			

**SECTION 7  
SITE & SAFETY**

7-1 The residence appears “home-like”, rather than Institutional.	Met	Not Met	
Notes:			
7-2 Surveillance cameras are not present <u>in</u> the site.	Met	Not Met	
Notes:			
7-3 There is evidence that residents are allowed to have visitors of their choosing at <u>any</u> time.	Met	Not Met	
Notes:			
7-4 The site’s physical characteristics support the independence, comfort, preference and needs of the individuals.	Met	Not Met	
Notes:			
7-5 All ramps, doors, handrails, elevator controls, telephones and similar devices installed for use by individuals with physical disabilities, are in an operable/usable condition.	Met	Not Met	
Notes:			

7-6 There are adequate supplies in the site to meet the needs of individuals per the service(s) provided.	Met	Not Met	
Notes:			
7-7 Bathrooms provide personal privacy.	Met	Not Met	
Notes:			
7-8 The site is clean.	Met	Not Met	
Notes:			
7-9 The site is well maintained for the safety and comfort of the individuals receiving services.	Met	Not Met	
Notes:			
7-10 The facility operates in accordance with OPWDD smoking protection requirements.	Met	Not Met	
Notes:			

7-11 The temperature of the hot water is appropriate to the abilities of people served at the site.	Met	Not Met	
Notes:			
7-12 Facilities with a private water source for drinking and cooking test their water annually for conformance with established bacteriologic and chemical standards.	Met	Not Met	
Notes:			
7-13 The site implements procedures to safeguard individuals from drowning in recreational/therapeutic pools.	Met	Not Met	
Notes:			
7-14 The facility has a land line (see section 635-99.1) telephone service which is in working order and functions during power outages.	Met	Not Met	
Notes:			
7-15 Time Out rooms constructed or significantly modified after April 1, 2013 meet the requirements identified in NYCRR Part 633.16(j).	Met	Not Met	
Notes:			

## SECTION 8 FIRE SAFETY

QUALIFIER QUESTION:	Yes	No	
<ul style="list-style-type: none"> <li>Are there any immediate Fire Safety issues that must be identified?</li> <li>If Yes, answer questions 8-1 to 8-19</li> <li>If No, go to Section 9</li> </ul>			
8-1 The site has an acceptable fire evacuation plan.	Met	Not Met	N/A
Notes:			
8-2 All fire and evacuation drills or events <b>MUST</b> be documented on the standardized drill report form developed by OPWDD.	Met	Not Met	N/A
Notes:			
8-3 The Evacuation Plan is practiced through drills with the <b>frequency</b> specified by OPWDD.	Met	Not Met	N/A
Notes:			
8-4 Evacuation drills are conducted in a manner to effectively train and assess participants, per OPWDD requirements.	Met	Not Met	N/A
Notes:			

8-5 The effectiveness of the fire evacuation plan is monitored by agency personnel per OPWDD requirements.	Met	Not Met	N/A
Notes:			
8-6 Evaluation of drills results in identifying concerns (when demonstrated) and implementation of needed corrective actions (if applicable).	Met	Not Met	N/A
Notes:			
8-7 Facility staff can describe fire safety and emergency evacuation procedures.	Met	Not Met	N/A
Notes:			
8-8 The <u>certified site</u> provides safe exiting to a public way.	Met	Not Met	N/A
Notes:			
8-9 There is fire alarm and detection equipment in the facility as required by regulation and/or LSC.	Met	Not Met	N/A
Notes:			

8-10 Heat detectors are present in the residence as required by OPWDD.	Met	Not Met	N/A
Notes:			
8-11 Fire alarm and notification systems are operational and effective.	Met	Not Met	N/A
Notes:			
8-12 Other fire protection equipment is operational.	Met	Not Met	N/A
Notes:			
8-13 Fire alarm, smoke detection and sprinkler systems are inspected and maintained at the frequency required for each specific system.	Met	Not Met	N/A
Notes:			
8-14 Maintenance and inspection of Fire Alarm and Detection systems are performed according to OPWDD standards.	Met	Not Met	N/A
Notes:			



8-15 Maintenance and inspection of Sprinkler Systems are performed according to OPWDD standards.	Met	Not Met	N/A
Notes:			
8-16 At least one functional Class-1-A-5BC, 2.5 pound fire extinguisher is located in an accessible place on each floor.	Met	Not Met	N/A
Notes:			
8-17 In situations where individuals live in individual apartments but the group of apartments is considered a supervised site, there are mechanisms to ensure that staff can be summoned to individual apartments in an emergency.	Met	Not Met	N/A
Notes:			
8-18 A carbon monoxide alarm is appropriately located in all new and existing residences on sleeping levels, per requirements.	Met	Not Met	N/A
Notes:			
8-19 The facility, at the time of the inspection, was free from other observed <u>fire safety</u> hazards not otherwise indicated in another standard.	Met	Not Met	N/A
Notes:			

**SECTION 9**  
**Site Specific Requirements**

9-1 The site/program has a written Quality Assurance Plan that has been implemented.	Met	Not Met	N/A
Notes:			
9-2 Corrective actions identified per the QA plan activities are implemented.	Met	Not Met	N/A
Notes:			

**SECTION 10**  
**Specialized Risk Factors**

**SECTION 10a: RISK FACTOR - SKIN BREAKDOWN**

**Does anyone currently have, or have a history of skin breakdown?**

If yes, the following standards open up for review:

If yes, ID Individual(s) Name:

	YES	NO	
10a-1 There is a <b>written plan</b> to provide care for wounds and/or prevent worsening & further breakdown.	Met	Not Met	N/A
Notes:			
10a-2 Staff implement interventions related to care and monitoring of skin integrity and the prevention of skin breakdown, for which they are responsible.	Met	Not Met	N/A
Notes:			

**SECTION 10b: RISK FACTOR - DISCHARGE FROM HOSPITAL**

**Has anyone been discharged from the hospital in the past 3 months?**

If yes, the following standards open up for review:

If yes, ID Individual(s) Name:

10b-1 Clear **written instruction** was provided to staff regarding the specific actions to take to provide care and monitoring required by the person discharged.

YES

NO

Met

Not Met

N/A

Notes:

10b-2 The written instruction included how and **what to document** regarding required care and monitoring following hospital discharge.

Met

Not Met

N/A

Notes:

10b-3 There is evidence that the staff **implement** required care and monitoring following discharge.

Met

Not Met

N/A

Notes:

**SECTION 10c: RISK FACTOR - CURRENT ILLNESS**

**Is any person in the home currently showing signs/symptoms of illness?**

If yes, ID Individual(s) Name:

If yes, the following standards open up for review:

10c-1 RN or other medical professional **has been informed of** the signs/symptoms (s/s).

YES

NO

Met

Not Met

N/A

Notes:

10c-2 Clear written instruction was provided to staff regarding the specific actions to take to provide care and monitoring of the condition and notifications required.

Met

Not Met

N/A

Notes:

10c-3 The instruction included how and **what to document** regarding required care and monitoring for identified health concern.

Met

Not Met

N/A

Notes:

10c-4 There is evidence that the staff **implement** required care and monitoring.

Met

Not Met

N/A

Notes:

**SECTION 10d: RISK FACTOR - DIABETES**

**Is any person diagnosed with Diabetes?**

If yes, ID Individual(s) Name:

If yes, the following standards open up for review:

10d-1 Clear **written instruction** is provided to staff regarding the specific actions to provide care and monitoring of diabetes as required by the person.

YES

NO

Met

Not Met

N/A

Notes:

10d-2 The written instruction includes how and what to **document** regarding required care and monitoring for identified diabetic needs.

Met

Not Met

N/A

Notes:

10d-3 There is evidence that the staff **implement** required diabetic care and monitoring.

Met

Not Met

N/A

Notes:

**SECTION 10e: RISK FACTOR - FLUID INTAKE**

**Is any person prescribed a specific daily level of fluid intake?**

If yes, ID Individual(s) Name:

If yes, the following standards open up for review:

10e-1 The amount of fluid to be consumed by the person is **clearly** indicated in a **written plan**.

YES

NO

N/A

Met

Not Met

Notes:

10e-2 Clear written instruction is provided to further guide staff in how to **implement** the fluid intake requirements.

Met

Not Met

N/A

Notes:

10e-3 There is documentation/**tracking** of the person's fluid consumption.

Met

Not Met

N/A

Notes:

10e-4 The written plan for fluid consumption is **implemented** correctly.

Met

Not Met

N/A

Notes:

**SECTION 10f: RISK FACTOR - OXYGEN USE**

**Does any Individual have an order for Oxygen Use?**

If yes, ID Individual(s) Name:

If yes, the following standards open up for review:

10f-1 **Clear written instruction** is provided to guide staff in when and how to implement the order for oxygen.

YES

NO

N/A

Met

Not Met

Notes:

10f-2 The written instruction includes how and what to **document** regarding required oxygen administration and monitoring.

Met

Not Met

N/A

Notes:

10f-3 Necessary equipment is available per the medical order for oxygen.

Met

Not Met

N/A

Notes:

10f-4 There is documentation evidencing ordered administration of oxygen and monitoring of their condition.

Met

Not Met

N/A

Notes:



**SECTION 10g: RISK FACTOR - SUPERVISION**

**Enhanced supervision levels are required by one or more person supported by the site?**

If yes, ID Individual(s) Name:

If yes, the following standards open up for review:

10g-1 There are sufficient staff on duty to maintain the supervision levels required by the Individuals.

YES

NO

Met

Not Met

N/A

Notes:

10g-2 Required enhanced supervision and staffing ratios are maintained per people's individualized plans.

Met

Not Met

N/A

Notes:

**Section 10h: RISK FACTOR - ALL RIGHTS LIMITATIONS/RESTRICTIONS:**

**Are there any observed, reported, or documented limitations, restrictions or intrusions to peoples' rights** (HCBS, Part 633, Civil and Legal Rights, use of restricting interventions)?

If yes, ID Individual(s) Name:

If yes, the following standards open up for review:

10h-1 Limitation or restriction of rights due to behaviors occur only as part of a written behavior support plan.

YES

NO

Met

Not Met

N/A

Notes:

10h-2 The Individual's Behavior Support Plan describes how the use of each restrictive/intrusive intervention or limitation is to be documented.

Met

Not Met

N/A

Notes:

10h-3 Rights limitations/restrictions occur only when written informed consent was obtained from an appropriate consent giver.

Met

Not Met

N/A

Notes:

10h-4 Rights limitations/restrictions occur only when approved by the Human Rights Committee prior to implementation and approval is current.

Met

Not Met

N/A

Notes:

10h-5 Rights limitations that are not part of a Behavior Support Plan, comply with HCBS requirements for justification and documentation of rights limitation.	Met	Not Met	N/A
Notes:			
10h-6 When environmental protections (that are in place due to an individual's needs) restricts other individuals in the facility, action is taken to ensure that they are not negatively affected.	Met	Not Met	N/A
Notes:			

**SECTION 10i: RISK FACTOR - BEHAVIOR SUPPORTS – GENERAL**

Is a behavior support plan or medication monitoring plan required/in place for any Individual(s)? If yes, ID Individual(s) Name: If yes, the following standards open up for review:	YES	NO	
10i-1 Behavior supports are provided per the written plan.	Met	Not Met	N/A
Notes:			
10i-2 Behavior supports are <b>reviewed</b> for effectiveness by clinical staff responsible for the plan.	Met	Not Met	N/A
Notes:			
10i-3 Behavior supports are <b>revised</b> as needed.	Met	Not Met	N/A
Notes:			

**SECTION 10j: RISK FACTOR - MECHANICAL RESTRAINTS**

Are Mechanical Restraints used for at least one person at the Site? If yes, ID Individual(s) Name: If yes, the following standards open up for review:	YES	NO	
10j-1 Criteria for the application, removal and duration of mechanical restraint device use is described <b>in the written</b> behavior support plan.	Met	Not Met	N/A
Notes:			
10j-2 Restraints are <b>applied only per the specific criteria</b> described in the written plan.	Met	Not Met	N/A
Notes:			
10j-3 Restraints are <b>removed per the criteria and duration</b> described in the written plan.	Met	Not Met	N/A
Notes:			
10j-4 There is a <b>current physician's order</b> for the use of the Mechanical Restraining device.	Met	Not Met	N/A
Notes:			

10j-5 There is <b>documentation</b> that is a “full record” of the use of the Mechanical Restraining device.	Met	Not Met	N/A
Notes:			

**SECTION 10k: RISK FACTOR - TIME OUT**

Is 'Time-out' used for any Individuals?

If yes, ID Individual(s) Name:

If yes, the following standards open up for review:

10k-1. Time-out is **used only in accordance with** the written Behavior Support Plan.

YES

NO

Met

Not Met

N/A

Notes:

10k-2 The use of a time out room is reported electronically to OPWDD.

Met

Not Met

N/A

Notes:

10k-3 **Constant auditory and visual contact** is maintained during time-outs to monitor the Individual's safety.

Met

Not Met

N/A

Notes:

**SECTION 10I: PHYSICAL INTERVENTIONS**

Are physical interventions used for any Individuals?

If yes, ID Individual(s) Name:

If yes, the following standards open up for review:

YES

NO

10I-1 Physical interventions are used only in accordance with the written Behavior Support Plan.

Met

Not Met

N/A

Notes:

10I-2 The use of restrictive physical interventions is reported electronically to OPWDD.

Met

Not Met

N/A

Notes: